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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 08/765,199 02/10/1997 PAT 6,238,368 which is a 371 of PCT/FR95/00869 06/29/1995

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 94 08933 07/13/1994

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials _____				

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TITLE

Therapeutic device for the selective cyto reduction treatment of an obstruction in a natural lumen or passage of the human or animal body

FILING FEE  RECEIVED 2986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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